**RADIOLOGIC SCIENCE PROGRAM**

**CLNICAL OBSERVATION FORM**

**PROSPECTIVE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Observation hours must be completed between **October 1st and March 1st** on the year the student intends to enter the program. This form is due on or before **March 15th**. Be sure to submit it to Ms. Erica O’Quinn at the ETSU Nave Center, 1000 Jason Witten Way, Elizabethton, TN 37643 or e-mail it to Elizabeth Musick at musicke@etsu.edu.

| **FACILITY/HOSPITAL** | **DATE OF OBSERVATION** | **LENGTH OF OBSERVATION****(in hour or 30 min intervals)** | **NAME OF CLINICAL INSTRUCTOR OR TECHNOLOGIST** | **SIGNATURE OF CLINICAL INSTRUCTOR OR TECHNOLOGIST (Optional)**  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Revised: 3/23**